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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Number or Bar Code Label OR Correspondence address below							
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Address 26 DOGWOOD CIRCLE							
City BOYNTON BEACH		State FLA.	zip 33436				
Country U. S.A. Tele	ephone 561-9	X7-0714	Fax 561-967-07/4				
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
NAME OF SOLE OR FIRST INVENTOR:							
Given Name (first and middle [if any]) PAUL B. Family Name or Surname							
Inventor's Paul B. Makel Date B-19-03 Date Date							
Residence: City BOYN TON BEACH	State FLA.	U.S.A. Country	U.S.A. Citizenship				
Mailing Address 26 POGWOOD CIRCLE							
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NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor							
Given Name (first and middle [if any]) Family Name or Surname							
Inventor's Signature	Date						
Residence: City	State	Country	Citizenship				
Mailing Address							
City	State	ZIP	Country				
Additional inventors are being named on thesupplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.							

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Filing	required)	Examiner Name			<i>_</i>			
As a below named inventor, I hereby declare that:								
My residence, mailing address, and citizenship are as stated below next to my name.								
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:								
DUAL FLU:	SH TOILE	T VALVE	ADAR	TER				
(Title of the Invention)								
the specification of which								
is attached hereto								
OR .								
was filed on (MM/DD/YYYY) as United States Application Number or PCT International								
Application Number	and was an	nended on (MM/DD/YY)	m		(if applicable).			
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.								
Lacknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-								
in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.								
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.								
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Cop	oy Attached?			
	-							
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SR/02B attached hereto:								

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231,